

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						51	/					
2		/					52						
3							53	/					
4							54		/				
5							55		/				
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12		/					62						
13			/				63		/				
14							64						
15							65	/					
16							66		/				
17	/						67						
18		/					68						
19							69						
20							70						
21							71						
22							72						
23							73	/					
24	/						74		/				
25							75						
26		/					76						
27			/				77						
28							78						
29							79						
30							80						
31							81						
32		/					82	/					
33			/				83		41				
34							84		41				
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41		/					91						
42	/						92						
43			/				93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						